

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G121		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2011	
NAME OF PROVIDER OR SUPPLIER  PASSAGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 125 NORTH 200 EAST COLUMBIA CITY, IN46725			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 09/20/11</p> <p>Facility Number: 000658 Provider Number: 15G121 AIM Number: 100234300</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Passages Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 32, New Residential Board and Care Occupancies.</p> <p>This one story facility was sprinklered. The facility has a fire alarm system with smoke detection in the corridors,</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>sleeping rooms and common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches of Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/21/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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KS152	<p>The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks; and ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>The facility must -</p> <ul style="list-style-type: none"> <li>(i) Actually evacuate clients during at least one drill each year on each shift;</li> <li>(ii) Make special provisions for the evacuation of clients with physical disabilities;</li> <li>(iii) File a report and evaluation on each drill;</li> <li>(iv) Investigate all problems with evacuation drills, including accidents and take corrective action; and</li> <li>(v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</li> </ul> <p>Facilities meet the requirements of paragraphs (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>Based on record review and interview, the facility failed to conduct fire drills quarterly on each shift for 1 of the last 4 calendar quarters. This deficient practice could affect all clients.</p> <p>Findings include:</p> <p>Based on review of the fire drills titled "Disaster Drill Report" with the Residential Manager on</p>			KS152	<p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice</b></p> <p>Quarterly Evacuation drills for each shift of personnel have been scheduled by the group home manager.</p> <p><b>How will we identify other residents having the potential to be affected by the same practice</b></p> <p>Quarterly Evacuation drills for each shift of personnel have been scheduled by the group home manager.</p>		10/02/2011

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	09/20/11 at 1:20 p.m., fire drill documentation for the first shift, which occurs between 8:00 a.m. and 2:45 p.m., of the first quarter of 2011 was not available for review. Based on an interview with the Residential Manager at the time of record review, no other documentation was available for review.				<b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur</b> The group home manager will ensure drills are scheduled and completed Documentation of completed drills will be reviewed by the agency Safety Committee every other month <b>How will the corrective actions be monitored to ensure the deficient practice will not recur</b> Documentation of completed drills will be reviewed by the agency Safety Committee every other month <b>What is the date by which the systemic changes will be completed</b> 10/2/11		